

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input checked="" type="checkbox"/> MAG. 2 <input type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO. 96m 5		3. DIST. CT. DOCKET NO.		VOUCHER NO. 0682763	
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT)		6. LOC. CODE		7. CHARGE/OFFENSE (U.S. or other code citation)	
8. IN THE CASE OF VS		9. PERSON REPRESENTED (FULL NAME) George A. Ray, Clerk				7A. CASE CODE 87	
10. PERSON REPRESENTED (STATUS) 1 <input checked="" type="checkbox"/> DEFENDANT-ADULT 3 <input type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT-JUVENILE 4 <input type="checkbox"/> APPELLEE				11. PROCEEDINGS (Describe briefly) George A. Ray, Clerk			
12. PAYMENT CATEGORY A <input type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input type="checkbox"/> OTHER B <input checked="" type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL				13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. _____ Name of prior panel attorney _____ Appt. Date _____ Voucher No. _____			
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case. George A. Ray, Clerk Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) 1/3/96 Date of Order _____ Nunc Pro Tunc Date _____				14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name, including Suffix) AND MAILING ADDRESS George A. Ray, Clerk			
				15. WORK PHONE _____ 16A. Does the attorney have the preexisting agreement (see instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				16B. SOCIAL SECURITY NO. _____ (Only provide per instructions) 16C. EMPLOYER I.D. NO. _____ (Only provide per instructions)			
16D. NAME AND MAILING ADDRESS OF LAW FIRM _____ (Only provide per instructions)				<div style="border: 2px solid black; padding: 5px; text-align: center;"> JAN 11 1996 </div>			

CLAIM FOR SERVICES OR EXPENSES

SERVICE		HOURS	AT	DATES	Notes
IN COURT	a. Arraignment and/or Plea				Multiply rate per hour times total hours to obtain "In Court" compensation. Enter total below. 17A. TOTAL IN COURT COMP. \$ _____
	b. Bail and Detention Hearings				
	c. Motions Hearings				
	d. Trial				
	e. Sentence Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = _____) TOTAL HOURS = _____					\$ _____
OUT OF COURT	a. Interviews and conferences				Multiply rate per hour times total hours. Enter total "out of court" compensation below. 18A. TOTAL OUT OF COURT COMP. \$ _____
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets)				
(Rate per hour = _____) TOTAL HOURS = _____					\$ _____
EXPENSES	19. TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES		AMOUNT
					19A. TOTAL TRAVEL EXP. \$ _____
					19B. TOTAL OTHER EXP. \$ _____
					20. GRAND TOTAL CLAIMED \$ 150.00

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD **1/3/96** TO _____

F ☐ Final Payment I ☐ Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? ☐ YES ☐ NO

If yes, were you paid? ☐ YES ☐ NO If yes, by whom where you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? ☐ YES ☐ NO

If yes, give details on additional sheets. _____

I swear or affirm the truth or correctness of the above statements

SIGNATURE OF ATTORNEY/PAYEE

DATE

APPROVED FOR PAYMENT	22. IN COURT COMP \$ 2.5	23. OUT OF COURT COMP. \$ _____	24. TRAVEL EXPENSE \$ _____	25. OTHER EXPENSES \$ _____	26. TOTAL AMT. APPROVED CERT. 150.00
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER 1/4/96				27A. JUDGE/MAG. CODE 0682763
	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)				29. TOTAL AMT. APPROVED \$ _____